

VAPOR INTRUSION BUILDING ASSESSMENT



**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
 UNDERGROUND STORAGE TANK BRANCH
 200 FAIR OAKS LANE, SECOND FLOOR
 FRANKFORT, KENTUCKY 40601
 (502) 564-5981
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY

GENERAL INFORMATION

Complete this form when directed in writing by the division.

OCCUPANT INFORMATION

UST SITE INFORMATION

OCCUPANT NAME:		ASSOCIATED AI #(S):	
OCCUPANT PHYSICAL ADDRESS:		UST SITE LOCATION:	
CITY:	COUNTY:	CITY:	COUNTY:
OCCUPANT PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS	ERT REPORT #(S):	ERT DATE(S):
OCCUPANT E-MAIL ADDRESS:		RESPONSIBLE PARTY (if known):	

BUILDING OWNER INFORMATION

CONSULTANT INFORMATION

BUILDING OWNER NAME:			COMPANY NAME:		
BUILDING OWNER ADDRESS: <input type="checkbox"/> OCCUPANT ALSO OWNS THE BUILDING			CONSULTANT ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
BUILDING OWNER PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS		PROJECT MANAGER NAME:	PHONE NUMBER:	
BUILDING OWNER EMAIL ADDRESS:			CONSULTANT EMAIL ADDRESS:		

PROPERTY USE

Which best describes the building use? <input type="checkbox"/> Single family residential <input type="checkbox"/> Multi-family residential <input type="checkbox"/> Residential and Occupational <input type="checkbox"/> Occupational <input type="checkbox"/> Other _____	If building use is occupational, type of industry/business:
	If building use is occupational, time during which the building is occupied: (Example: Monday – Friday, 8 AM – 4 PM)
	If residential, the number of people in the residence: _____
	List the age and gender of the residents of the building: (attach additional pages if necessary)
Do individuals smoke cigarettes, cigars, pipes or other tobacco products inside the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On average, how many cigarettes are smoked inside the building each day? (Include in this number smokers that are regular visitors.)	
<input type="checkbox"/> Fewer than 10	<input type="checkbox"/> 1 pack
<input type="checkbox"/> 10 – 14	<input type="checkbox"/> 1-2 packs
<input type="checkbox"/> 2-3 packs	
<input type="checkbox"/> More than 3 packs	

BUILDING CONSTRUCTION AND DETAILS (Check all that apply)**Building Foundation**

- ☐ Slab on grade
☐ Basement below grade

- ☐ Basement below grade with walkout entry
☐ Evidence of a cracked foundation
☐ Other (specify): _____

Building Construction

- ☐ Frame building
☐ Masonry building
☐ Metal building
☐ Modular building
☐ Mobile home with fixed foundation

- ☐ Earth berm construction (no full storey above ground)
☐ Single storey above ground
☐ Two stories above ground
☐ Three or more stories above ground
☐ Elevator shaft present

Garage details

- ☐ No garage or outbuilding
☐ Attached garage
 ☐ Used for vehicle parking
 ☐ Used for fuel storage (i.e. gas cans)
 ☐ Used for storage of gas-powered equipment
☐ Detached garage(s) or outbuilding(s)

Utilities

- ☐ Municipal water ☐ Municipal Sewer ☐ Private WWT
☐ Septic system, in use
☐ Septic system present, not in use
☐ Private well or cistern on premises, in use
☐ Private well or cistern on premises, not in use
☐ Natural gas cooking stove or water heater in use

Basement details

- ☐ Cinder block walls
☐ Dry stone walls
☐ Stone with mortar
☐ Poured concrete walls
☐ Excessive cracking of walls
☐ Evidence of a water intrusion into basement
☐ Petroleum odor observed

Basement floor details

- ☐ Dirt or gravel floor
☐ Stone (natural or laid) floor
☐ Concrete floor
☐ Floor drains
☐ Sump/ sump pump in basement
☐ Water in sump basin
☐ Excessive cracking in concrete floor

Heating

- ☐ Floor, wall or pipeless furnace
☐ Central warm air furnace with ducts to rooms
 ☐ Electric or solar heat
 ☐ Natural gas furnace
 ☐ Kerosene or heating oil furnace
 ☐ Propane furnace
 ☐ Coal burning furnace
 ☐ Geothermal heat
 ☐ Electric
 ☐ Water
☐ Steam or hot water (radiators/baseboard)
☐ Fireplace(s) or wood burning stove(s) in use
☐ Gas fireplace(s) in use; Fuel: _____
☐ Other (specify): _____

Cooling and ventilation

- ☐ Central air conditioning
☐ Individual window air conditioning units
☐ Mechanical fans (attic fan)
☐ Kitchen range hood fan (venting outside)
☐ Bathroom ventilation fan (venting outside)
 For all heat and air systems:
☐ Systems recirculate indoor air
☐ Supply fresh air
☐ Unknown

CERTIFICATION

Under the requirements of KRS Chapter 322 and 322A, this Vapor Intrusion Assessment shall be completed and signed by a PE licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a PG registered with the Kentucky Board for Professional Geologists.

I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME:

TITLE:

SIGNATURE:

DATE:

LICENSE REGISTRATION NUMBER:

LICENSE/REGISTRATION DATE:

SEAL

If you have questions on how to fill out this form or to request a review of the facility records, please contact the USTB at (502) 564-5981 or visit our website at <http://waste.ky.gov/ustb>.